

WAC 246-976-870 Trauma team activation.

- (1) The purpose of trauma team activation is to assure all personnel and resources necessary for optimal care of the trauma patient are available when the patient arrives in the emergency department. To assure optimal patient care:
 - (a) Patient status must be reported from the field by prehospital providers to the emergency department in the receiving trauma service;
 - (i) It is the responsibility of the prehospital providers to record all relevant information and report it to the receiving trauma service;
 - (ii) It is the responsibility of the receiving trauma service to request any relevant information that is not volunteered by the prehospital providers.
 - (b) The trauma service must use the prehospital information to determine activation of a trauma team and/or resources appropriate for the care of the patient.
 - (c) The presence of the general surgeon, when included in your written scope of trauma service, is necessary to direct resuscitation, to exercise professional judgment that immediate surgery is not indicated, as well as to perform surgery when it is indicated, and to direct patient transfer if necessary.
- (2) A facility designated to provide trauma services must adopt and use a method for activating its full trauma team. The method must:
 - (a) Be based on patient information obtained from prehospital providers and other sources appropriate to the circumstances;
 - (b) Include mandatory presence of the general surgeon for levels I - III and for level IV if general surgery services are included in your written scope of trauma service (the surgeon must be at least a postgraduate year four for level I and II);
 - (c) Specify patient criteria for determining mandatory activation of the full trauma team;
 - (d) Be applied regardless of time post injury or previous care, whether delivered by EMS or other means, and whether transferred from the scene or from another hospital;
 - (e) The method for activation of the full trauma team may include response by a neurosurgeon instead of a general surgeon when, based on prehospital information, the mechanism of injury clearly indicates isolated penetrating trauma to the brain;
 - (f) The trauma service must adopt a trauma quality improvement audit filter to monitor the appropriateness of and compliance with your full trauma team activation criteria.
- (3) A facility designated to provide trauma services may adopt and use a method for activating a modified trauma team. The method must:
 - (a) Specify patient criteria for determining activation of the modified trauma team;
 - (b) Include a mechanism to upgrade the level of trauma team response to full based on newly acquired information;
 - (c) The trauma service must adopt a trauma quality improvement audit filter to monitor the appropriateness of and compliance with your modified trauma team activation criteria.